

**STATE OF INDIANA
FOOD PANTRY
ELIGIBILITY CERTIFICATE FOR 2003**

DATE _____

PANTRY
NAME _____ COUNTY _____

PANTRY
ADDRESS _____ CITY _____

**I HEREBY CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW
THE FOLLOWING GUIDELINES:**

INCOME GUIDELINES (150%)					
HOUSEHOLD SIZE	HOUSEHOLD (Monthly)	INCOME (Annual)	HOUSEHOLD SIZE	HOUSEHOLD (Monthly)	INCOME (Annual)
1	\$1,123	\$13,470	4	\$2,300	\$27,600
2	\$1,515	\$18,182	5	\$2,693	\$32,310
3	\$1,908	\$22,890	6	\$3,085	\$37,020
For each additional household member add \$393/\$4,710					

I ACKNOWLEDGE THAT THE STATE OF INDIANA AND THIS DISTRIBUTION AGENCY HAVE NO CONTROL OVER THE MANUFACTURING OF THIS DONATED PRODUCT AND CONSEQUENTLY DO NOT WARRANT THE CONDITION, QUALITY, OR CONTENT OF THE USDA DONATED COMMODITY.

SIGNATURE _____ **NUMBER IN** _____

HOUSEHOLD _____
